

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12	1					
13	1					
14	1					
15		3				
16	1					
17		1				
18		2				
19		2				
20		2				
21	1					
22		1				
23	1					
24		1				
25		1				
26		1				
27	1					
28	1					
29		1				
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46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	39					
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						